



# **Armed Forces College of Medicine AFCM**



# Lung Compliance

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# INTENDED LEARNING OBJECTIVES (ILO)



**By the end of this lecture the student will be able to:**

1. Outline the elastic properties of the lung.
2. Define lung compliance and mention its normal value.
3. Describe the curve of the lung compliance.
4. List the factors affecting lung compliance.
5. Define the work of breathing & name the conditions that increase it.

# Elastic Properties of the Lung



## Compliance

Refers to forces promoting expansion of the lung.

Refers to how much effort is required to stretch or distend the lungs

It is an index for lung distensibility

## Elastic recoil

Refers to forces that restore resting volume

Refers to rebounding of lungs after they have been stretched

It is responsible for returning lungs to their pre-inspiratory volume

# Lung Compliance



## Der:

It is the change in lung volume ( $\Delta V$ ) per unit change in trans-pulmonary pressure ( $\Delta P$ ).

e.g. if a small change in distending pressure causes a large change in lung volume, this lung is said to be highly compliant = easily inflated lung. (*a lung that expands easily has high compliance*)  
So a highly compliant lung requires less work to be inflated.

**The compliance of the chest wall:** is the change in lung volume ( $\Delta V$ ) per unit change in trans-thoracic pressure ( $\Delta P$ ).

$$\text{Compliance} = \frac{\Delta V}{\Delta P}$$

**N.B**

# Lung Compliance



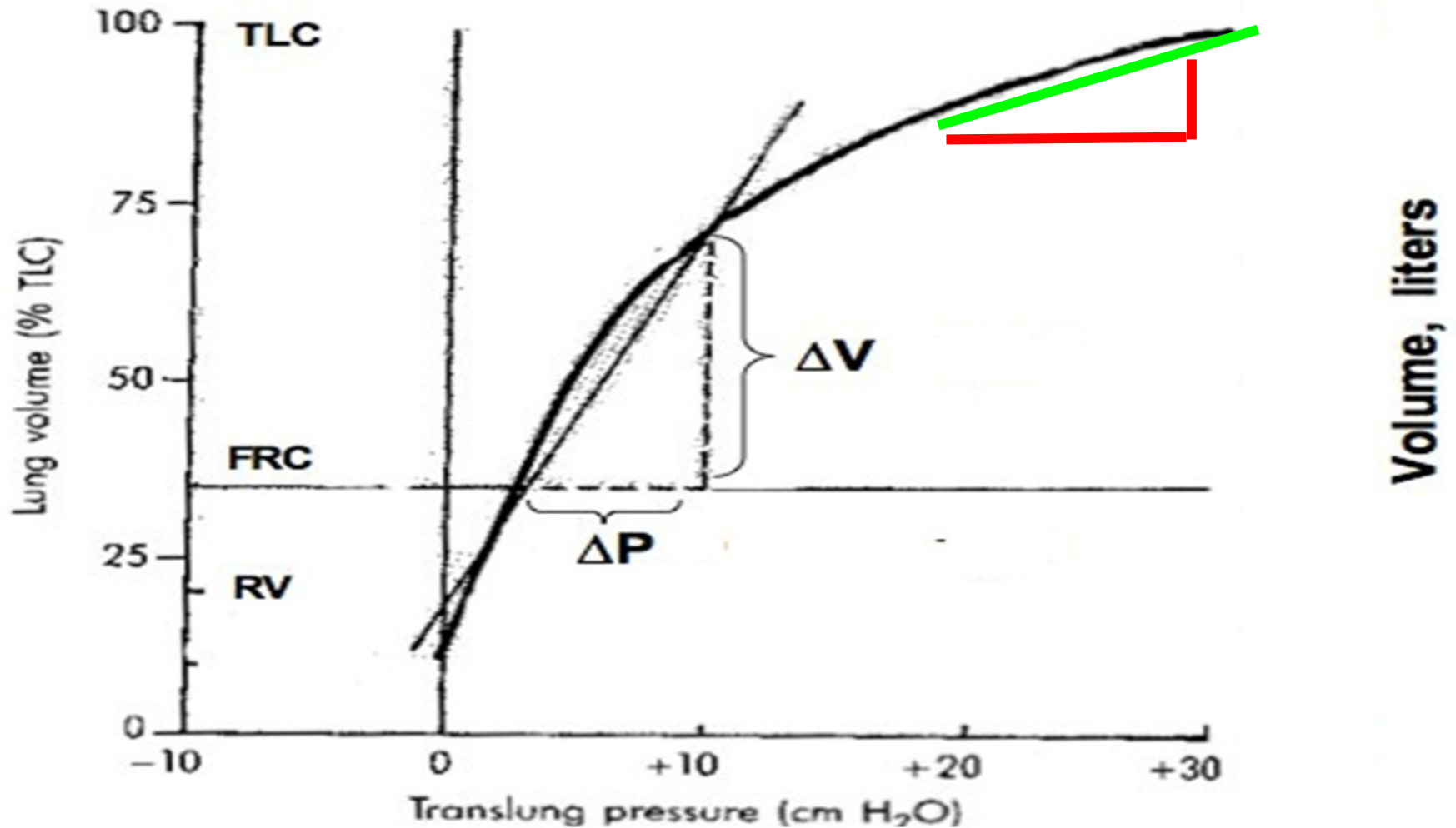
- Normal values:

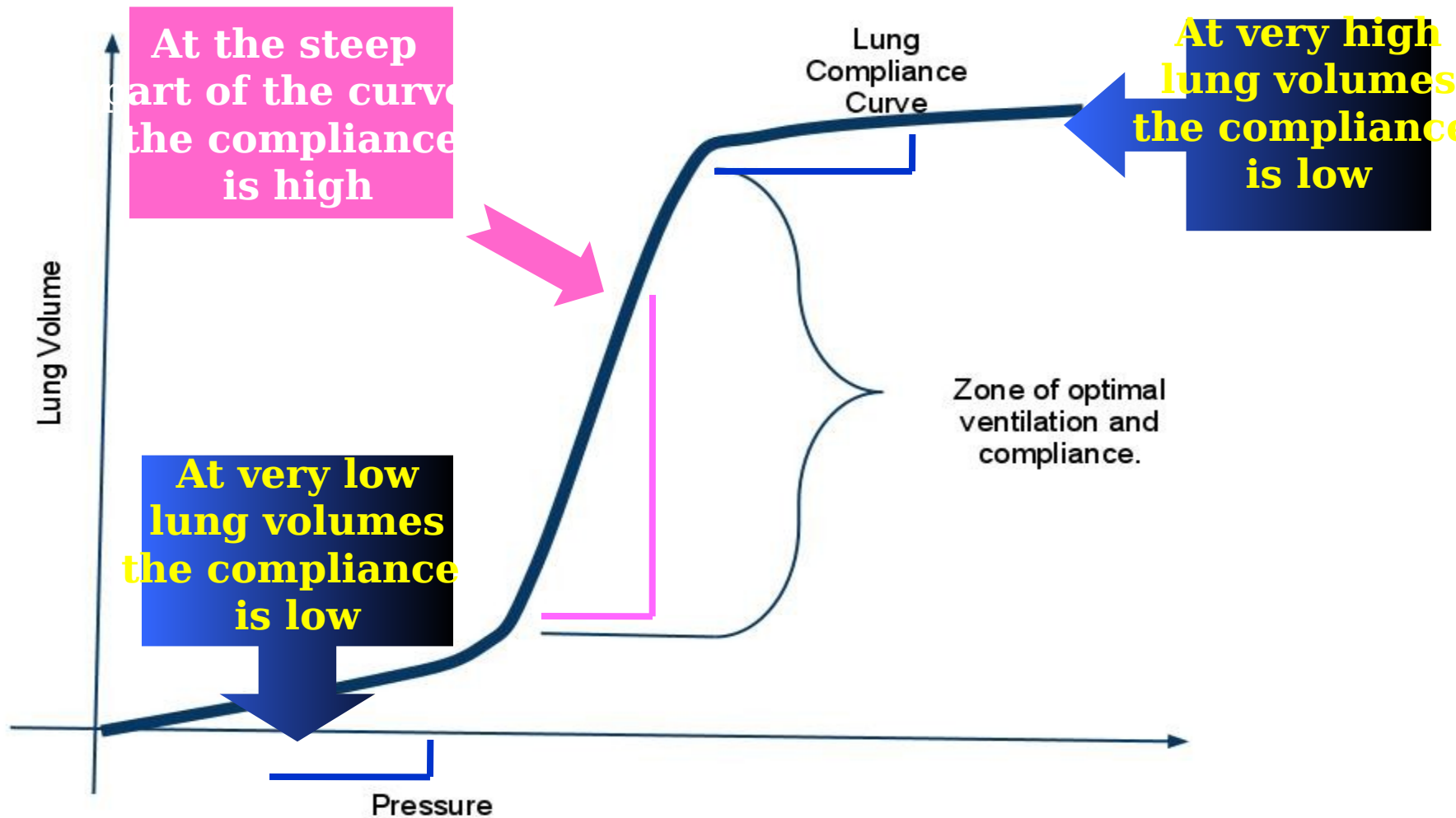
g compliance = **0.2 L/cm H20** trans-mural pres

- i.e an  $\uparrow$  in trans-pulmonary pressure by 1 cm H20  $\square$  expansion of the lungs by 0.2 L (200ml).
- The compliance of the lungs& chest wall is **0.1 L/cm H20** trans-mural pressure.
- So the compliance of the lungs& chest wall together is less than the lungs alone because the lung distensibility in chest is limited by the rigid thoracic wall.

$$C = \Delta V / \Delta P$$

where V is lung volume and P is pressure





$$\text{Compliance} = \frac{\text{Change in volume}}{\text{Change in pressure}}$$



# Lung Compliance



## ■ Importance of lung compliance:

It is a measure of distensibility or expandability of the lungs (or how easy the lung is stretched).

- A lung which expands easily has a high compliance
- A lung with increased elasticity (elastic recoil) is harder to inflate

■ ***Thus, compliance is the inverse of elasticity.*** Less pressure gradient & less work is needed to inflate the lung as in:

↑  
**Compliance**  
e



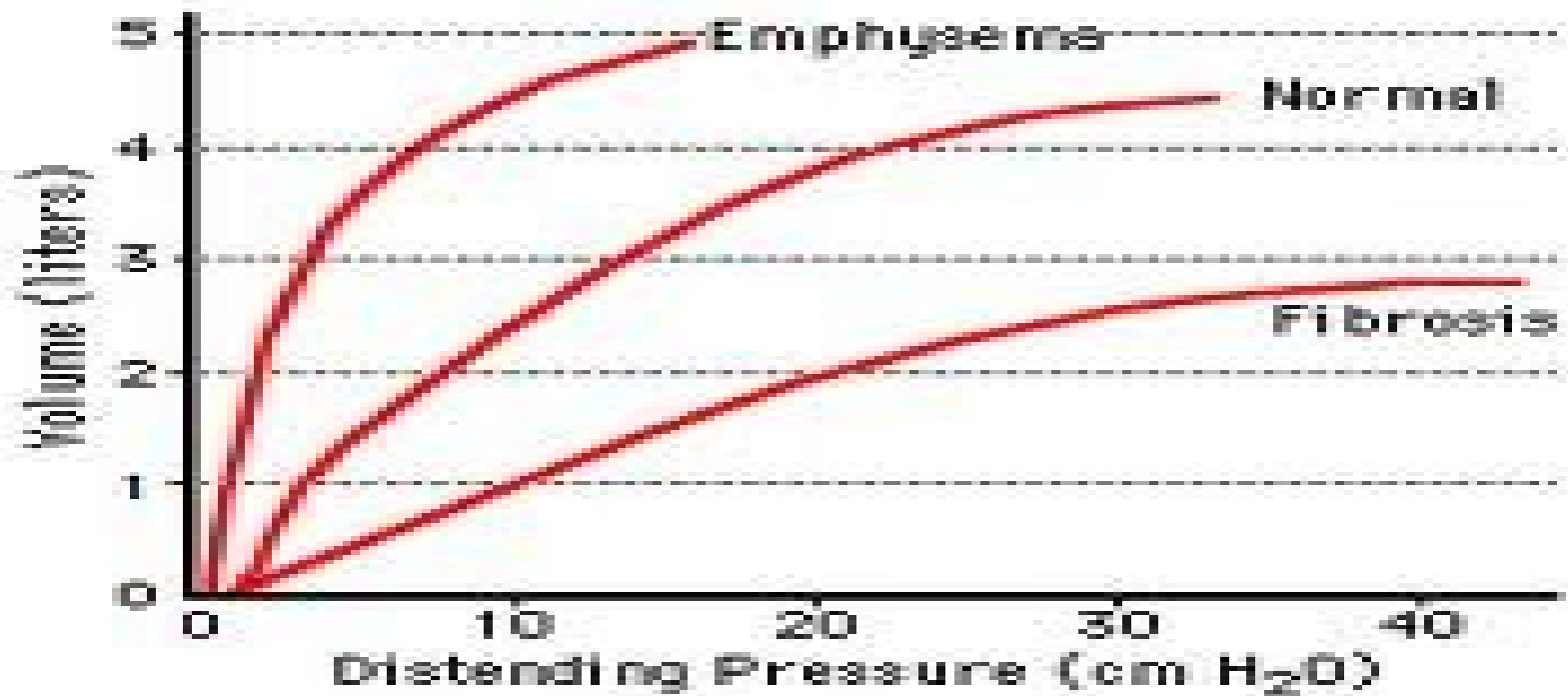
- 1- Elderly.
- 2- Emphysema.

↓  
**Compliance**  
e



More pressure gradient & more work is needed to inflate the lung as in:

- 1- Pulmonary congestion, edema.
- 2- Pulmonary fibrosis.
- 3- Respiratory distress syndrome.
- 4- Persons with one lung (pneumectomy).



**In loss of lung elastic tissue, there is a great difficulty in expiration due to:**

1. ↓↓ elastic lateral traction → collapse (closure) of small airways → ↑↑ airway resistance.
2. ↓↓ elastic recoil makes passive expiration not enough to empty the lungs, so abdominal muscles contract at rest (active expiration) → ↑↑ the work of breathing.

# Elastic recoil of the lungs (Elastance)



- Refers to how the lungs rebound after being stretched.

i.e a lung with increased elasticity (elastic recoil) is harder to inflate

- Elastic recoil is due to the elastic forces in the lung

**Elastic forces in lungs is caused by**

## **Elastic tissue in the lung (1/3)**

- Which is the elastin & collagen fibers present in throughout the lung tissue
- So it can be distended & once the

## **Alveolar surface tension (2/3)**

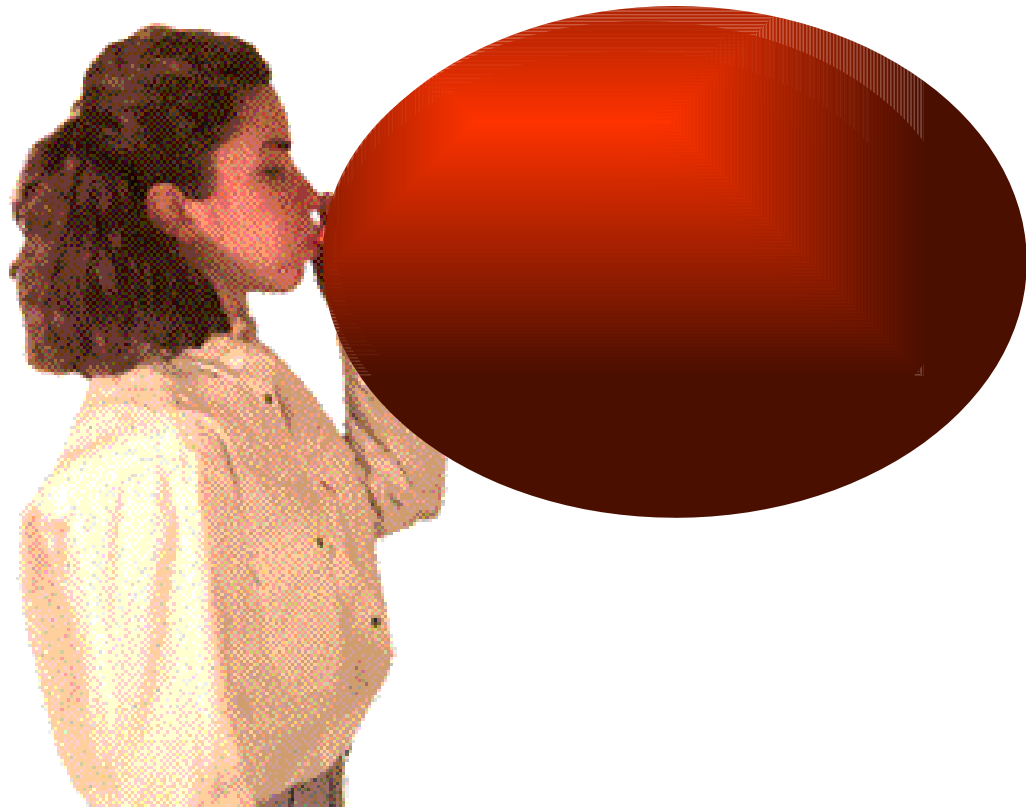
- It is the attractive forces between the H<sub>2</sub>O molecules of the fluid film that line the alveoli
- This surface tension tend to

**So lung expansion needs energy to**

**Stretch  
the elastic tissue  
in the lung**

**Overcome  
surface tension of  
the fluid layer  
lining the alveoli**

**Healthy lungs are highly compliant due to the presence of elastic tissues , surfactant & residual volume in the lungs that facilitate their expansion**



**Like fibrosis in which less flexible  
connective tissue develops**



# The Work of Breathing



## Def:

- It is work performed by the respiratory muscles during breathing.
- During normal quiet breathing, inspiration is active & work is done but expiration is passive so NO work is done.

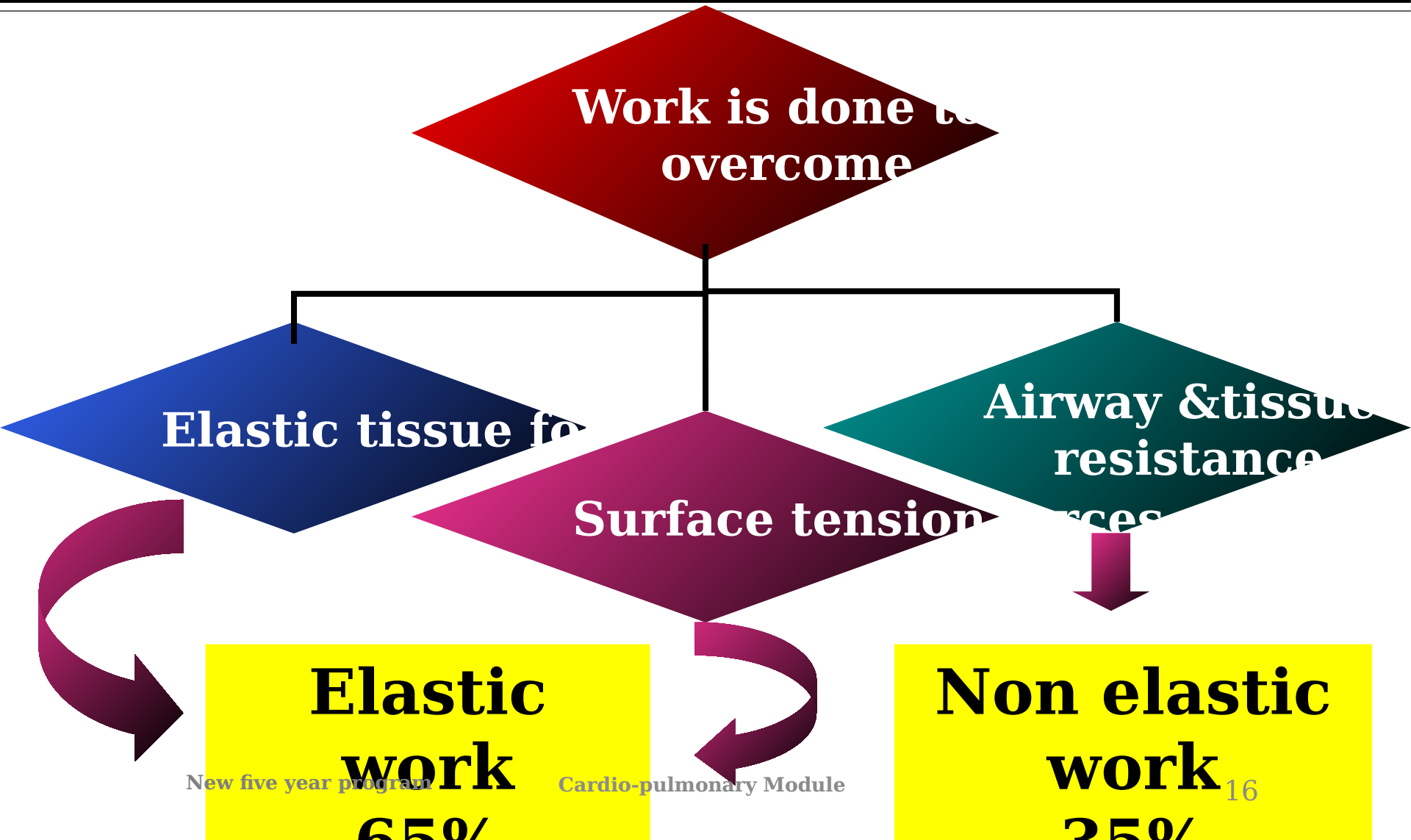
## There are 2 types of work:

### **1- Elastic (compliance) work (65%):**

It is the work done to expand the lung against elastic tissue forces & surface tension forces.

### **2- Non elastic (Resistive) work (35%):**

It is the work done to overcome air way resistances & tissue resistances.





- **Normally, our lung are highly compliant & air resistance is low so the work of breathing constitutes**
  - 3%** of total energy expenditure during quiet breath
  - 5%** of total energy expenditure during exerc
  - 30%** of energy expenditure in patients with COPD

**Work of breathing  
is increased in**

**↑ ↑ Elastic Work**

**Elastic tissue force  
e.g. Lung fibrosis**

**Surface tension force  
e.g. RDS**

**↑ ↑ non Elastic Work**

**Airway resistance  
e.g. COPD**

**Tissue resistance  
e.g. Sarcoidosis**

# Quiz



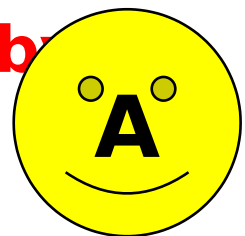
## 1- Which of the following is incorrect about lung compliance?

- a. It is equivalent to  $\Delta V / \Delta P$ .
- b. It increases in elderly.
- c. A highly compliant lung requires less work to be inflated.
- d. It increases in patients with surfactant deficiency.



## 2. Which of the following is accompanied by reduced lung compliance ?

- e. Patients with pulmonary fibrosis
- f. Athletes.
- g. Old age people.
- h. Patients with emphysema.



## **SUGGESTED TEXTBOOKS**



- 1. Ganong's Review of Medical Physiology. 23<sup>rd</sup> edition , chapter 35, page 595,596.**
- 2. Kaplan Medical USMLE step 1 lecture notes. Section VII, chapter 1. Pages (157-159).**
- 3. Guyton & Hall: Textbook of Medical Physiology, 12e. (37) page 875**

Thank You

